



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Anesthesia Alliance of Dallas

**Respondent Name**

Dallas County

**MFDR Tracking Number**

M4-15-4064-01

**Carrier's Austin Representative**

Box Number 44

**MFDR Date Received**

August 17, 2015

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "We originally set this claim on 7/03/14 via paper. When I called to do a status update on 10/7/14 I was told that this claim was not on file (even though it was sent to the correct address). Please consider this as proof of timely filing as government guidelines state... and reprocess this claim for payment, as the services were given to the patient for surgery and the claim was submitted in a timely manner."

**Amount in Dispute:** \$832.59

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "There is no evidence that the original bill was timely submitted and received in our office within 95 days from the date of service. Additionally, it appears that the DWC-060 was filed later than one year after the dates of service."

**Response Submitted by:** Texas Association of Counties Risk Management Pool

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 3, 2014	01400, 99195	\$832.59	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §133.20 sets out requirements for medical bill submission by health care providers.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 29 – The time limit for filing has expired

- 193 – Original payment decision is being maintained
- 5085 – Per Rule 133.20(B) A healthcare provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date of services are provided.

### **Issues**

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. Was the request for MFDR submitted timely?

### **Findings**

1. The insurance carrier denied disputed services with claim adjustment reason code 29 – "The time limit for filing has expired." 28 Texas Administrative Code §133.20 states,
  - (a) The health care provider shall submit all medical bills to the insurance carrier except when billing the employer in accordance with subsection (j) of this section.
  - (b) Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Review of the submitted information finds:

- Original claim submission shown to be 07/03/2014
- Accupro Services, Ltd Account Detail listing shows Claim 1544473 (Batch # 13832) to JI Specialties W/C

The Division finds evidence to support the requestor submitted the claim with Division guidelines. Therefore, the disputed services will be reviewed per applicable Division rules and fee guidelines.

2. 29 Texas Administrative Code 133.307 (c) states,

Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division.

(1) Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph

(B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute..

The date of service in dispute is June 3, 2014. The date the request for medical fee dispute resolution was received is August 17, 2015. This date is past one year from the date of service. Based on the above the Division finds the requestor has waived the right to MFDR.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	September , 2015
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**